

Emergency room care

Emergency rooms are for serious medical conditions only. If you go to the emergency room for routine care such as the flu, a cold, or an earache, you may have to pay the bill.

Medicaid rules state:

An emergency exists if a prudent lay person reasonably believes that having a person wait to be treated by a Medicaid provider will worsen the person's condition.

Medicaid defines a medical emergency as:

A condition where delay in treatment may result in the person's death or permanent impairment of the person's health.

Medicaid covers emergency care provided outside of Michigan.

When do I have to pay for services?

You do not have to pay for services that Medicaid covers. If Medicaid does not cover the service, your doctor, pharmacy, hospital, or other provider must tell you before he or she provides it. If the provider tells you after you have received the service that Medicaid does not cover it, you will not have to pay for it.

You may have a co-payment for these services: chiropractic, dental, hearing aids, pharmacy, podiatry, and vision. Your provider will tell you when you must pay the co-payment.

You may have a patient-pay amount for inpatient hospital or nursing home services. Your FIA specialist will tell you if you have a patient-pay amount.

Appealing an action

You may appeal a negative action such as Medicaid not paying a bill or not approving a service.

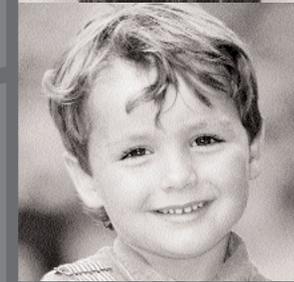
File your request within 90 days from the date you were notified of the decision. Your request must explain the problem in writing. Mail your request for a hearing to:

Department of Community Health
Administrative Tribunal
PO Box 30195
Lansing, Michigan 48909

Questions

If you have questions or need help, call Medicaid at **1-800-642-3195**.

M i c h i g a n



Michigan Department
of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

MDCH is an Equal Opportunity Employer, Services and Programs Provider.
200,000 printed at 1.8 cents each with a total cost of \$3,582.

MDCH 1111-15 (02/03)
Previous versions are obsolete.

M e d i c a i d

P r o g r a m

Welcome to Medicaid

You will receive one mihealth ID card for each family member.

If you lose your card, call 1-800-642-3195.

Most people who get Medicaid must join a health plan.

MICHIGAN ENROLLS will contact you about your choices in health plans. They can:

- tell you which doctors, pharmacies, and hospitals are part of each health plan.
- answer general questions you may have about benefits.
- enroll you in the health plan you choose.

You do not have to join a plan if you get Medicaid and also:

- are pregnant and have not been enrolled in a plan for 90 days
- are a migrant
- get Children's Special Health Care Services

You cannot join a health plan if you:

- get Medicare
- live in a nursing home
- have a monthly spend-down amount
- are receiving Home and Community-Based Services for Elderly and Disabled Adults (the waiver program)
 - are already in an HMO



Exceptions

You can ask for a medical exception from joining a Medicaid health plan if:

- you have a serious health condition, and
- you are undergoing active treatment for that condition, and
- the doctor treating you does not work in one of Medicaid's health plans.

If you are a Native American you can ask for an exception to joining a health plan.

If you think you may qualify for an exception, call MICHIGAN ENROLLS at 1-888-367-6557.

How do I get care?

When you join a health plan, the plan you choose will give you a plan handbook and will explain how you will get services from them.

If you are not in a health plan or are waiting to enroll with a health plan, you must:

- go to a provider enrolled in the Michigan Medicaid Program.
- show your current mihealth card to all providers before you receive services. Providers need to know you have Medicaid in order to see what health services are covered. Providers will verify your eligibility.
- tell your provider if you have other health insurance that covers all or part of your care. Contact your FIA specialist if your insurance coverage changes.

You must go to a provider enrolled in the Michigan Medicaid Program. Your doctor can request prior approval from Medicaid if you need to get services from a provider who is not enrolled in the Medicaid program.

What services does Medicaid cover?

Medicaid covers medically necessary services such as:

- ambulance
- chiropractic
- dental
- doctor visits
- family planning
- health checkups for kids and adults
- hearing aids
- hearing and speech therapy
- home health care
- hospice care
- hospital care
- immunizations (shots)
- lab and x-ray
- nursing home care
- medical supplies
- medicine
- mental health
- personal care services
- physical and occupational therapy
- prenatal care and delivery
- substance abuse
- surgery
- vision

Some services are limited. Your provider will tell you what Medicaid covers.

Medicaid must assure necessary transportation. You can get help getting a ride if:

- you do not have a way to get to and from a doctor or dentist visit or
- you do not have a way to get medical or dental items or services that Medicaid covers.

In some cases, the rides you need must be approved in advance.

If you belong to a Medicaid health plan, contact your plan. If you do not belong to a health plan, contact FIA.